



ARIZONA DEPARTMENT OF HEALTH SERVICES
AUDIOLOGISTS AND SPEECH LANGUAGE PATHOLOGISTS
CONTINUING EDUCATION COURSE PRE-APPROVAL REQUEST
(FOR CONTINUING EDUCATION PROVIDERS)

In accordance with Arizona Administrative Code Rule R9-16-207(G), the department shall approve a continuing education course if the Department determines that the course:

1. Is designed to provide current developments, skills, procedures, or treatment in diagnostic and therapeutic procedures in audiology or speech-language pathology.
2. Is developed and presented by individuals knowledgeable and experienced in the subject area; and
3. Contributes directly to the professional competence of a licensee.

COURSE INFORMATION:

Course Name:	
Course Learning Objectives:	
Hours Requested:	
Location of Presentation:	
Date(s) of Presentation:	
Course Content/Description:	
Form of Attendance Verification: (Attach Copy)	

INSTRUCTOR INFORMATION: (Attach Resume if Possible)

Name:	
Qualifications:	
1. Education	
2. Experience	
3. Training	

SPONSOR/CONTACT INFORMATION:

Sponsor:	
Submitted By:	
Name:	
Title:	
Street Address:	
City, State:	
Zip Code:	
Telephone:	()
E-Mail:	
Signature:	

SUBMIT COMPLETED CONTINUING EDUCATION COURSE PRE-APPROVAL REQUEST FORM TO:

Arizona Department of Health Services
Office of Special Licensing
150 N. 18th Avenue, Suite 460
Phoenix, AZ 85007

Office Use Only – Do Not Write In This Area

Approved []

Denied []

Requires Additional Information []

Initials

Date